Exhibit 3(e): Bedford

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MEDICARE NATION	AL STANDARD IN	TERMEDIARY RE	MITTANCE ADVICE
HALLMARK HEALTH SYSTEMS 100 HOSPITAL ROAD MALDEN MA 02148	PROVIDER: ENDING: 10 BILL TYPE:		ICARE
NAME: HIC: PCN: MRN: H0081528 ICN:		MEDICARE	10/01/2002 THRU 10/31/2002 E PAYMENT DATE: 12/03/2002 F: 01 CLAIM STAT: 1
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Exhibit 3(f): Boehringer

- **J9000**
- J0640
- J9260

Date: 3/08/2004 Time: 4:25PM

Page:

SPRINGFIELD MEDICAL ASSOC INC

PO BOX 219

WINDSOR, CT 06095 Phone: (800) 883-5985 MEDICARE REMITTANCE NOTICE

Provider/Clinic#:

N51714

246.24

Check No/EFT Trace No: 127340082

Date Paid: 2/26/2004

REDACTED

0.00

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NAME:

PERF PROV. SERVICE DATES POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PAID AMT. N51714 2/02/2004 2/02/2004 11 100 J3490 405.00 307.80

PT Respon: 61.56 Claim Totals: 405.00 307.80 0.00 61.56 97.20 246.24

PLEASE	MAIL TO:	4800mmm
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2. PATIENT'S NAME (Last Name, First Name, Middle	(SSN) X (SSN) X (FINTS BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)	<u> </u>	
(No., Street)	5. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
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SPRINGFIELD	STATE & PATIENT STATUS	CITY STATE
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01118-0000	Employed Full-Time Parl-Time	ZIP CODE TELEPHONE (INCLUDE AREA CODE)
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below.	Nutric: faulthorize the ralegise of any medical or other information necossal earn and benefits either to myself or to the party who accepts assignment	payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNATURE ON FI	LE DATE 11-17-03	1
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Date: 3/08/2004 Time: 4:25PM

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SPRINGFIELD MEDICAL ASSOC INC PO BOX 219

WINDSOR, CT 06095 Phone: (800) 883-5985 MEDICARE REMITTANCE NOTICE

Provider/Clinic#:

N51714

Check No/EFT Trace No:

Date Paid: 2/26/2004

NAME: T

PERF PRO	V. SERVICE DATES	<u>POS</u>	<u>NOS</u>	PROC	MODS	BILLED	<u>ALLOWED</u>	DEDUCT	COINS	GRP/RC-AMT	PAID AMT.
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127340082

PLEASE	MAIL TO:	
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IN THIS AREA	- F O DOA 144	WORKERS NAT'L HEA RETURN 49 SMWN 0001 ILLE, TN 37070 00113
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[Albertass [No., shiel]	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
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OI118 - 0000	Employed Full-Time Part-Time	ZIP CODE TELEPHONE (INCLUDE AREA CODE)
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SKENED SIGNATURE ON FILE	The state of the s	services described below.
	DATE 11-17-03 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS	SIGNEGIGNATURE ON FILE
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SERVICE STATES

Date: 3/08/2004 Time: 4:25PM

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SPRINGFIELD MEDICAL ASSOC INC PO BOX 219 WINDSOR, CT 06095 Phone: (800) 883-5985

MEDICARE REMITTANCE NOTICE

Provider/Clinic#:

N51714

Check No/EFT Trace No: 127340082

Date Paid: 2/26/2004

NAME:

-500

PERF PROV	SERVICE DATES	POS	<u>Nos</u>	PROC	MODS	BILLED	ALLOWED	DEDUCT	<u>COINS</u>	GRP/RC-AMT	<u>PAID AMT.</u>
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GOODLETTSVILLE, TN 37070	0-1449	ja v	KATHY MARINELI	

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MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE HALLMARK HEALTH SYSTEMS PROVIDER: 220070 MEDICARE 100 HOSPITAL ROAD ENDING: 1 (731/2002 MALDEN MA 02148 ENDING: 1 (731/2002 MEDICARE 131) NAME: SERVICE: 10/01/2002 THRU 10/31/2002 MEDICARE PAYMENT DATE: 12/03/2002 MEDICARE PAYMENT DATA REPORTED. 2720.00 DRG. 000 REIMB RATE 0.000 NON-COVERED 219.00 DRG AMOUNT 0.00 PROF COMP. 0.00 DRG/OPERATION 0.00 PROF COMP. 0.00 DRG/CAPITAL 0.00 INTEREST 0.000 DAYS BLOOD DEDUCT 0.00 COVERED DAYS. 0000 TOTAL DEDUCT 0.00 CONT ADJ AMT. 1957.70 NON-COVERED DAYS. 0000 CO-INSURANCE 95.20 NET REIMB AMT . 448.10

REDACTED

09/13/2001 Date Issued

13

Amount Paid:



NEW BEDFORD, MA 02740

File Copy

This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No.1535299

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 0058078

Explanation of Benefits

SMW+ Program

RESPONDED TO THE PARTY OF THE P			
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12/29/2000 12/29/2000 \$57.00 \$0.00	\$4.54	\$4 54	\$4.54

Comments:

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SULLIVAN, FREDERICK 221 RICHMOND ST NEW BEDFORD, MA 02740 гациоран ость

MPC Claim Number: 1535299

Processed by



Southern Benefit Administrators, Inc.



Medicare Summary Notice

January 29, 2001

RELACTO

CUSTOMER SERVICE INFORMATION

FREDERICK J SULLIVAN 221 RICHMOND ST NEW BEDFORD MA 02740-5620

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HELP STOP FRAUD: Always review your Medicare Summary Notice for correct information about the items or services you received.

If you have questions, write or call:
National Hentage Insurance Company
P.O. Box 1000
Hingham, MA 02044

Local: (781) 741-3300 Toll-free: 1-800-882-1228

TTY For Hearing Impaired: 1-800-559-0443

This is a summary of claims processed from 01/02/2001 through 01/26/2001.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
	er 01-00356-057-390					• .
	adagian Md In, C, Roman House Annex, ty St , New Bedford, MA 02740-4932			•	`	
	, Andrew J. M.D.		_	,		\
12/11/00	1 Remove impacted ear wax (69210)	\$80.00	\$51.21	\$40.97	(\$10,24	}
C-Charachi (dine)			***************************************			
Claim numbe	r 02-01011-460-700				\ ,	7
	ledical Associ, P.O. Box 3076,					
	IA 02241-0001		-			\sim
Dr. Charnone					_	
11/22/00	4 Methotrexate sodium inj (J9260)	\$24.00	\$18.04	\$14.43	\$3.61	a \
11/22/00	I Injection, sc/im (90782)	33.00	4.66	7	0.93	- 1
Claim Total		\$57.00	\$22.70		\$4.54	- 1

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PMED34 081800 VER1 Your Medicar.

442036103 Page 2 of 4 January 29, 2001

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
-	r 02-00356-544-050					
	ledical Associ, P.O. Box 3076, IA 02241-0001					
-	chael W. M.D.			•		
12/13/00	1 Flu vaccine, 3 yrs, im (90658)	\$25.00	\$4.92	\$4.92	\$0.00	ь
12/13/00	1 Admin influenza virus vac (G0008)	8.00	4.66	4.66	0.00	ь
12/13/00	4 Methotrexate sodium inj (19260)	24.00	18.04	14.43	3.61	a
12/13/00	l Injection, sc/im (90782)	33,00	0.00	0.00	0.00	c,a
Clạim	Total	\$90.00·-	\$27.62	\$2401	(\\$3.61/	4 <u>.</u> .
			1			
	r 02-00363-395-520					
	fedical Associ, P.O. Box 3076,					
boston, <i>m</i> Dr. Davidson	IA 02241-0001		•			
12/20/00	4 Methotrexate sodium in i (19260)	\$24.00	\$18.04	\$14.43	\$3.61 ⁻	
12/20/00	l Injection, sc/im (90782)	33.00	4.66	3.73	0.93) a
Claim		\$57.00	\$22.70	\$18.16	§ 4.54	
Claim mimbe	r 02-01011-456-170					•
	fedical Associ, P.O. Box 3076,		-			•
Boston, N	IA 02241-0001				•	
Dr. Egan, Mi						
Dr. Egan, Mi 12/29/00	4 Methotrexate sodium inj (J9260)	\$24.00	\$18.04	\$14.43	\$3.61	a
Dr. Egan, Mi 12/29/00 12/29/00	4 Methotrexate sodium inj (J9260) 1 Injection, sc/im (90782)	33.00	4.66	3:73	0.93	a }
Dr. Egan, Mi 12/29/00	4 Methotrexate sodium inj (J9260) 1 Injection, sc/im (90782)			3:73	/ X).).
Dr. Egan, Mi 12/29/00 12/29/00 Claim	4 Methotrexate sodium inj (J9260) 1 Injection, sc/im (90782) Total	33.00	4.66	3:73	0.93).
Dr. Egan, Mí 12/29/00 12/29/00 Claim Claim numbe	4 Methotrexate sodium inj (J9260) 1 Injection, sc/im (90782) Total	33.00	4.66	3:73	0.93).
Dr. Egan, Mi 12/29/00 12/29/00 Claim Claim numbe Hawthorn M	4 Methotrexate sodium inj (J9260) 1 Injection, sc/im (90782) Total or 02-01018-441-100 ledical Associ, P.O. Box 3076,	33.00	4.66	3:73	0.93).
Dr. Egan, Mi 12/29/00 12/29/00 Claim Claim numbe Hawthorn M Boston, M	4 Methotrexate sodium inj (J9260) 1 Injection, sc/im (90782) Total	33.00	4.66	3:73	0.93)



